

Bureau of Health Care Quality and Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS5460AGC	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 12/21/2010
NAME OF PROVIDER OR SUPPLIER GOLDEN SUNSHINE HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 8333 JEREMIAH LODGE AVE LAS VEGAS, NV 89131		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
Y 000	<p>Initial Comments</p> <p>The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws.</p> <p>This Statement of Deficiencies was generated as a result of a complaint investigation initiated on 7/26/10 and concluded on 12/21/10. This State Licensure survey was conducted by the authority of NRS 449.150, Powers of the Health Division.</p> <p>The facility is licensed for ten Residential Facility for Group beds which provide care to persons with Alzheimer's disease, Category II residents. The census at the time of the survey was five.</p> <p>Complaint #NV00024767:</p> <ul style="list-style-type: none"> - The allegation regarding quality of care was substantiated. See Tag Y515. - The allegation regarding the facility's failure to respond to a report of missing property was substantiated. See Tag Y599. - The allegation regarding a resident developing a hernia while in the facility was unsubstantiated. The investigation for this allegation included review of the facility records related to the resident, review of the resident's hospital medical records and records from the resident's doctor. The investigation also included interviews with the facility owner, facility staff and a family member. There was insufficient evidence to prove the resident developed the hernia while living in the facility. 	Y 000		
Y 515 SS=F	449.259(1)(a) Supervision of Residents	Y 515		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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Y 515	Continued From page 1 NAC 449.259 1. A residential facility shall: (a) Provide each resident with protective supervision as necessary. This Regulation is not met as evidenced by: Complaint # NV00024767 Based on record review and interview from 7/26/10 to 12/21/10, the facility failed to provide protective supervision as necessary for 3 of 3 residents (Resident #1, #2, and #3) to prevent altercations between residents. Severity: 2 Scope: 3	Y 515			
Y 599 SS=E	449.268(2) Grievances NAC 449.268 2. The administrator of a residential facility shall provide a procedure to respond immediately to grievances, incidents and complaints. The procedure must include a method for ensuring that the administrator or a person designated by the administrator is notified of the grievance, incident or complaint. The administrator or a person designated by the administrator shall personally investigate the matter. A resident who files a grievance or complaint or reports an incident pursuant to this subsection	Y 599			

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Y 599	<p>Continued From page 2</p> <p>must be notified of the action taken in response to the grievance, complaint or report or be given a reason why no action needs to be taken.</p> <p>This Regulation is not met as evidenced by: Complaint # NV00024767</p> <p>Based on record review and interview from 7/26/10 to 12/21/10, the administrator failed to investigate a complaint by 1 of 3 resident's family concerning the resident's missing property and failed informed the resident's family of the reason why no action was taken in response to their complaint (Resident #1).</p> <p>Severity: 2 Scope: 2</p>	Y 599			

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